

DEPARTMENT OF COMMUNITY DEVELOPMENT – BUILDING INSPECTION

APPLICATION FOR FOUNDATION REPAIR

**OPTIONAL SAME DAY PERMIT IF SUBMITTED PRIOR TO 3:30 P.M.

(Subject to Staff Availability)

Permit No. _____

Job Address: _____

Today's Date: _____

Initials The undersigned hereby applies for a permit to do the work herein described according to the plans and specifications filed herewith. The undersigned assures that the above mentioned plans and specification have been designed to comply with all building, zoning, and health ordinances, and all other ordinances of the City of Waukesha as well as all applicable laws and orders of the State of Wisconsin. The undersigned further assures the repair is following the Best Management Standard for Foundation Repair as prepared by the Wisconsin Association of Foundation Repair Professionals and will retain copies of the Standard at the job site.

Initials The undersigned further applies for a permit to occupy the premises described herein for the uses and purposes as herein set forth and is strict accordance with all the provisions of the City of Waukesha zoning and health ordinances and all other ordinances of the City of Waukesha and State of Wisconsin applicable to said premises.

Initials If the repair involves exterior land disturbing activities, I am exempt from the permit required (32.06). **If not exempt, I have applied for all of the necessary permits from the City of Waukesha Engineering Department and have included copies of the sitework approvals.**

Contracting Company _____ Dwelling Contractor Certification # _____ Exp Date _____

Contractor's Name: _____ Dwelling Contractor Qualifier # _____ Exp Date _____

Address _____ Contractor's Registration # _____ Exp Date _____

City _____ **State** _____ **Zip** _____

Telephone # _____ **Fax #** _____ **Estimated Cost:** _____

Licensed Electrical Contractor

Licensed Plumbing Contractor

Licensed HVAC Contractor

Architect/Designer/Engineer

Owner _____ **Telephone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

This is a (Circle one) Single-Family, Duplex, Multi-Family, or Commercial building?

Print Applicant's Name

Email Address

Signature of Applicant / Date

Signature of Approval / Date

- FOR OFFICE USE ONLY -

Size _____

Permit Fee (\$12.00/\$1000, min. \$55)\$ _____

Zoning District _____

Copies/Scan Fees \$ _____

Assessor's Fee \$ 10.00

Initials of Receiver

**Must include 1 set of plans including site plan and 1 digital version
Needs a FOUNDATION & FINAL Inspection.**

Total \$ _____

** Permits will be issued on the same day as received if the properly completed application form is submitted prior to 3:30 p.m. on days when the office is open for business. (Subject to staff availability.) The use of this optional form applies to those alteration projects which are limited in scope as spelled out on the appropriate application form. The issuance of this permit does not relieve the applicant and/or owner of their responsibility to be in compliance with all code requirements and the applicant accepts any and all risks and liabilities. If your project does not fit under the strict limitations associated with this application, use one of the regular applications.

RESIDENTIAL (includes 1 & 2 Family)

If the project is attached to the Residence, Contractor must have the following:

DWELLING CONTRACTOR CERTIFICATION

Is issued by the State to insure the contractor complies with:

1. Worker's compensation requirements.
2. Unemployment compensation requirements
3. Liability or bond insurance requirements.

AND

DWELLING CONTRACTOR QUALIFIER

Is issued by the State after the contractor has completed 12 hours of approved training and has passed an exam.